

RECEIVED
CENTRAL FAX CENTER
JUN 18 2009

Print Form

PTO/SB/81 (11-00)
Approved for use through 11/30/2011. OMB 0951-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/815191
	Filing Date	03-31-2004
	First Named Inventor	BAGGA, AMIT
	Title	METHOD AND APPARATUS
	Art Unit	2435
	Examiner Name	GYORFI, THOMAS
Attorney Docket Number	633-02445	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

☒ OR
I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

47912

☐ OR
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

☐ OR
The address associated with Customer Number:

☐ OR
Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ OR
Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/88) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Brian K. Binkley</i>	Date	1/9/09
Name	Brian K. Binkley	Telephone	+1 703 852-7334
Title and Company	Corporate Counsel / Avaya Inc.		

Notarization of all the inventors or assignees of record of the entire interest or their representative(s) is required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.41, 1.42 and 1.43. The information is required to obtain or retain a benefit by the public which is to be (a) by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.41 and 1.44. This collection is estimated to take 5 minutes to complete, including searching, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing this form, call 1-800-FTO-5199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 01/31/2009. DMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 2/2 * RCVD AT 6/18/2009 12:16:34 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/24 * DNIS:2738300 * CSID:17326269001 * DURATION (mm-ss):02-48